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C. C.

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7590 10/06/2005

Pamela R. Crocker,
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<i>June 17, 2005</i>	(Depositor's name)
<i>June 17, 2005</i>	(Signature)
<i>December 23, 2005</i>	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/773,509	02/06/2004	John A. Agostinelli	87516RLO	6550

TITLE OF INVENTION: OLED APPARATUS HAVING IMPROVED FAULT TOLERANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALEMU, EPHREM	2821	345-076000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**EASTMAN KODAK COMPANY
343 STATE STREET, ROCHESTER, NY 14650-2201**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

12/30/2005 HDEMESS2 00000025 10773509

01 FC:1501
02 FC:1504

1400.00 OP
300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed.
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Pamela R. Crocker, L.P.C.

Date 12-23-05

Typed or printed name *Pamela R. Crocker*

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